

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

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**Order Party: Name, Address and Telephone Number**

Name Judy B. Calton

Firm Honigman Miller Schwartz and Cohn LLP

Address 660 Woodward Avenue, Suite 2290

City, State, Zip Detroit, MI 48226

Phone 313-465-7344

Email jcalton@honigman.com

**Case/Debtor Name:** City of Detroit, Michigan

**Case Number:** 13-53846

**Chapter:** 9

**Hearing Judge** Hon. Steven Rhodes

☒ Bankruptcy ☐ Adversary

☐ Appeal Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for each hearing date requested.)

**Date of Hearing:** 11/08/2013 **Time of Hearing:** 9:00 **Title of Hearing:** Eligibility Trial

Please specify portion of hearing requested: ☒ Original/Unredacted ☐ Redacted ☐ Copy (2<sup>nd</sup> Party)

☒ Entire Hearing ☐ Ruling/Opinion of Judge ☐ Testimony of Witness ☐ Other

Special Instructions: AM and PM Sessions

**Type of Request:**

- ☐ Ordinary Transcript - \$3.65 per page (30 calendar days)  
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**Signature of Ordering Party:**

/s/ Judy B. Calton Date: 11/13/2013  
By signing, I certify that I will pay all charges upon completion of the transcript request.

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